



Mediterranean diet and cardiovascular disease: a clinical review

Neil K. Agarwal, Shashi K. Agarwal[✉]

1. Hahnemann University Hospital, Philadelphia, PA, USA

Email: Neil.K.Agarwal@gmail.com

2. New Brunswick, NJ, USA

Email: usacardiologist@gmail.com

✉Corresponding author:

Shashi K. Agarwal, MD,
New Brunswick, NJ, USA,
Email: usacardiologist@gmail.com

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General Note



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ABSTRACT

Cardiovascular diseases, especially coronary heart disease, remain the number one killer all over the world. It is also a leading cause of disability and financial burden. Although great strides have been made in its treatment, both pharmacological and surgical, preventive therapies have only recently garnered scientific interest. A plant based diet appears to be significantly cardio-protective. Traditional Mediterranean diet (MeD), followed by people living in the Mediterranean basin, has also been noted in epidemiological studies to be associated with a lower incidence of cardiovascular diseases. It is predominantly plant based. A host of recent prospective scientific studies have confirmed this beneficial cardiovascular connection. MeD is effective in preventing cardiovascular disease.

Key words: Mediterranean diet, cardiovascular disease, plant based diet, coronary artery disease, cardiovascular mortality.

1. INTRODUCTION

People living in the olive growing regions of the Mediterranean basin follow a diet that is high in monounsaturated fats; ethanol (predominantly wine) consumption at low to moderate levels; high consumption of vegetables, fruits, nuts, seeds, legumes, and grains; moderate consumption of milk and dairy products, mostly in the form of cheese; high intake of olive oil, more sourdough bread rather than pasta, low to moderate amounts of fish and poultry, eggs zero to four times a week and low consumption of red meat and meat products (Trichopoulou et al, 1997; Farah, 2008; Neil K Agarwal, 2014a & 2014b; Shashi K Agarwal 2014). This diet is low in saturated fat (< or = 7-8% of energy), with a high monounsaturated/saturated fat ratio and with total fat ranging from < 25% to > 35% of energy (Willett et al, 1995). The diet is usually consumed in a fixed number of meals, with a post lunch siesta and timings later during the day when compared to eating patterns for the rest of the Europeans (Bellisle, 2009). It was essentially a frugal diet, followed by the poor families and poor societies, especially in Crete, but also in much of the rest of Greece and Southern Italy (Willett et al, 1996; Bach-Faig et al, 2011).

The Traditional Mediterranean diet (MeD) has been linked with several health benefits, (Serra-Majem et al, 2006) including a decreased incidence of adult onset diabetes mellitus (Rossi et al, 2013) several cancers (Benetou et al, 2008; Trichopoulou et al, 2010; Couto et al, 2011; Bamia et al, 2013) and hip fractures, (Benetou et al, 2013) and all-cause mortality (Tognon et al, 2012). The most exciting beneficial association has been with cardiovascular diseases, (Dontas et al, 2007; Rees et al, 2013) including the incidence of (Mente et al, 2009) and survival from (de Lorgeril et al, 1994) coronary heart disease, and thrombotic stroke (Misirli et al, 2012). There is also a reduction in cardiovascular mortality (Tong et al, 2016).

2. METHODS

A comprehensive literature search was carried out using the PubMed and PubMed Central database of the US National Library of Medicine, National Institutes of Health, on 'Mediterranean diet and cardiovascular diseases'. Other contemporary and complementary medicine databases (including Medline, Google Scholar, and Quertile) databases were also queried and relevant publications were consulted. Available scientific grey material was also reviewed. Only English language literature was reviewed.

3. RESULTS

When queried under 'Mediterranean diet and cardiovascular diseases', PubMed revealed 1696 citations dating back to 1970 while PMC revealed 6217 full length publications.

4. DISCUSSION

Cardiovascular diseases (CVD's) continue to claim the dubious distinction of being the number one killer in the world, resulting in 17.5 million deaths in 2013 (Heart.org, 2017). Its global death impact is expected to grow to more than 23.6 million deaths by the year 2030. CVD's include coronary artery disease, heart failure, stroke, cardiac arrhythmias and peripheral vascular disease. CVD's are also a leading cause of disability throughout the world, and exert extensive emotional and financial burden on individuals, families, societies and states (Gaziano, 2007). The major risk factors for CVD's are well known (Fryar et al, 2012), and include hypertension (Kearney et al, 2005), diabetes mellitus (Ferrannini et al, 2012), hypercholesterolemia (CTT, 2008), obesity (Marie et al, 2014), smoking (Mons et al, 2005), stress and anxiety (Lichtman et al, 2008), inactivity (Hakim et al, 1999), and an imprudent diet (Lichtenstein et al, 2006). Several systematic reviews and meta-analyses have shown that Mediterranean diet is a heart friendly diet and effective in reducing the risk of cardiovascular disease (de Lorgeril et al, 1999; Singh et al, 2002; Marita et al, 2005; Sofi et al, 2010; Sofi et al, 2014). And it is cost effective (Saulle et al, 2013).

A proper diet plays an important role in the avoidance of several chronic diseases (Simopoulos et al, 1995), including obesity, cardiovascular diseases; diabetes mellitus, and cancer (WHO, 2006). However, with industrialization, diet has become unhealthy with an increase in energy intake but a decrease in energy expenditure, an increase in protein and saturated fats, n-6 fatty acids and trans fatty acids, a decrease grains, fruits and vegetables, a decrease in n-3 fatty acids, protein and complex carbohydrates, including fiber. The modern diet is also low in calcium, phytochemicals and antioxidants. The MeD resembles the Paleolithic diet in terms of its ingredients, especially when it comes to the ratio of (n-6) to (n-3) fatty acids. (de Lorgeril et al, 1994; Singh et al, 1992). The diet of

Crete and most of Greece or the MeD is thus more in concert with the evolutionary past of humans, and has repeatedly been proven to be beneficial for our cardiovascular system.

4.1. Mediterranean diet and hypertension.

Studies indicate that MeD may help prevent the development of hypertension (Abellan et al, 2016), reduce both systolic and diastolic blood pressure (Ndanuko et al, 2016), and help in its control (Toledo et al, 2013).

4.2. Mediterranean diet and diabetes mellitus

Several studies have shown that MeD is good for diabetic patients, leading to a better glycemic control, higher rates of diabetes remission, delayed need for diabetes medication, reduction in cardiovascular risk factors and in improving the quality of life of these patients (Toobert et al, 2003; Elhayany et al, 2010; Esposito et al, 2014; Huo et al, 2014). MeD is preventive for DM (Martinez-Gonzalez et al, 2008; Salas-Salvado et al, 2014). Metabolic syndrome is a prediabetic state (Stern et al, 2004; Lorenzo et al, 2007) and MeD is associated with reduced risk of developing metabolic syndrome ranging from 15% to 80% (Tortosa et al, 2007; Rumawas et al, 2009; Kesse-Goyot et al, 2013). MeD, as compared with control diets, may reduce HbA1c levels by 0.30–0.47%, (Esposito et al, 2015).

4.3. Mediterranean diet and obesity

Several facets of obesity are positively improved by MeD (Mendez et al, 2006; Beunza et al, 2010; Romaguera et al, 2010). There is a decrease in abdominal obesity (Romaguera et al, 2009). Several other studies have confirmed a similar negative relationship between adherence to MeD and overweight/obesity (Shubair et al, 2005; Lazarou et al, 2010; Schroder et al, 2004; Panagiotakos et al, 2006; Panagiotakos et al, 2007).

4.4. Mediterranean diet and lipids

MeD is associated with beneficial effects on the lipids as evidenced by decreased amount of cellular lipid levels and oxidized LDL (Fito et al, 2007). Virgin olive oil helps improve the HDL related atherosclerotic protection (Hernández et al, 2017).

4.5. Mediterranean diet and Metabolic Syndrome

Several studies indicate an improvement in the metabolic syndrome with MeD (Kastonini et al, 2011).

4.6. Mediterranean diet and coronary heart disease

A host of studies on the primary prevention of CVD's show a statistically significant association between the MedDiet pattern and the incidence of CVD's (Gardener et al, 2011; Fung et al, 2009; Knuops et al, 2004; Trichopoulou et al, 2003; Estruch et al, 2013; Buchland et al, 2009; Panagiotakos et al, 2007; Martínez-González et al, 2011; Menotti et al, 2012; Guallar-Castillón et al, 2012). Addition of extra-virgin olive oil or mixed nuts to the MeD reduced the cardiovascular events by 30% (Estruch et al, 2013). Moreover, an inverse association with greater adherence to MeD was observed for deaths related to coronary heart disease (Trichopoulou et al, 2003; Knuops et al, 2004; Fung et al, 2009; Gardener et al, 2011). There was a coronary heart disease mortality reduction of 26% at 20 years and 22% reduction at 40 years in individuals with a higher adherence to the MeD in Italy (Menotti et al, 2012).

4.7. Mediterranean diet and heart failure

Heart failure biomarkers improve with MeD as evidenced by a reduction in the N-terminal pro-brain natriuretic peptide (Fito et al, 2014).

4.8. Mediterranean diet and stroke

MeD is associated with a lower risk of stroke (Fung et al, 2009).

4.9. Mediterranean diet and peripheral vascular disease

A beneficial effect has also been recognized in patients with peripheral vascular disease (Ruiz-Canela et al, 2014).

4.10. Mediterranean diet and cardiovascular mortality

The beneficial effects of MeD on cardiovascular risk factors and cardiovascular diseases also translates into a reduced cardiovascular mortality (Knuops et al, 2004; Hodge et al, 2011; Stefler et al, 2015; Tong et al, 2016).

4.11. Mediterranean diet and other illnesses

MeD is a healthy diet and its benefits extend beyond those stemming from a reduction in cardiovascular diseases and cardiovascular mortality. These include several cancers (Couto et al, 2011) including gastric, colorectal and those involving the breast (Buckland et al, 2013). There is an improvement in depression, (Psaltopoulou et al, 2013; Sanchez-Villegas et al, 2013; Lai et al, 2014; Singh et al, 2014) and cognitive impairment (Lourida et al, 2013; Estruch et al, 2013; Wu et al, 2017). There is an improvement of bone mineral density (Rivas et al, 2013; Chen et al, 2016) and a reduction in hip fractures (Benetou et al, 2013).

4.12. Mediterranean diet and all-cause mortality

Besides cardiovascular related deaths, all-cause mortality is also decreased in patients adhering to MeD (Knoops et al, 2004; Sofi et al, 2014; Tognon et al, 2012). Mediterranean diet in the Greek EPIC cohort (as reflected in the apparent reduction of total mortality), high consumption of plant foods accounted for 37.2% of the reduction (vegetables 16.2%, fruits and nuts 11.3%, legumes 9.7%), moderate alcohol intake, as contrasted to high or none for 23.5% of the reduction, whereas low meat intake accounted for 16.6% and olive oil (as reflected in the monounsaturated-to-saturated ratio) for 10.6% (Trichopoulou et al, 2009).

5. MECHANISMS

Plant based diets are rich in polyphenols, which reduce atherogenesis by positively affecting LDL oxidation, nitric oxide release, vascular inflammation, oxidative stress, cell adhesion, foam cell formation, smooth muscle cell proliferation, and platelet adhesion and aggregation (Vita, 2005; Ginter et al, 2012). Alcohol in MeD is wine, and the latter provides better cardiovascular protection because its high contents of compounds such as resveratrol (Gronbaek et al, 2002). Red and processed meats are heart unhealthy. They lead to higher concentrations of total serum cholesterol, low-density-lipoprotein cholesterol, and triglycerides (Slattery et al, 1991). Processed meats are higher in dietary sodium, nitrates and phosphates (Kaluza et al, 2014). The benefits from olive oil are related to their high monounsaturated fatty acid content (Schwingshackl et al, 2014). Many other mechanisms are also contributive. Studies have documented an improvement in cardiovascular markers in patients adhering to the MeD (Fito et al, 2016).

6. CONCLUSIONS

The evidence regarding the protective effect of MeD against cardiovascular diseases, both in primary and secondary prevention, has been proven by several randomized controlled trials, observational studies, and meta-analyses. MeD diet is primarily a plant based diet, with only low intake of red meat. Its cardioprotective benefits accrue from its positive effects on lipid profile, endothelial function, vascular inflammation, and insulin resistance. With the increasing worldwide prevalence of cardiovascular disease, dietary incorporation and subsequent adherence to the MeD, can greatly help in curbing this number one killer in the world.

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CONFLICT OF INTEREST

None

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